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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		07442.0118 (A35998)	
<small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4818))</small>			
Application Number 10/663,060		Filed September 12, 2003	
For HIGH-STRENGTH BOLTED CONNECTION STRUCTURE WITH NO FIRE PROTECTION			
Art Unit 3635		Examiner Katcheves, Basil S.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 37,952

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Signature

06/16/2006
Date

Manu J. Teiwani
Typed or printed name

212-408-2500
Telephone Number.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

06/19/2006 LMDNDIMI 00000014 024377 10663060

01 FC:1251 120.00 DA

Adjustment date: 07/17/2006 CKHLOK

10663060

06/19/2006 LMDNDIMI 00000014 024377

01 FC:1251 120.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>07/11/06</u>		2 Serial/Patent # <u>10/663,060</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
X	Extension of Time	None	06/16/06	\$ 120.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
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		7 TOTAL AMOUNT OF REFUND		\$ 120.00								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
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X	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">7</td></tr></table>				0	2	--	4	3	7	7
0	2	--	4	3	7	7						
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Paul Shanoski</u>		TITLE: <u>Senior Attorney</u>										
SIGNATURE: <u><i>Paul Shanoski</i></u>		PHONE: <u>571-272-3225</u>										
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